

# TOWN OF BLACKSBURG, VIRGINIA

## CLAIM FORM

*Please note that this is not an on-line form.  
You must print this page, fill it in, and mail, deliver, or fax it to the  
Town Attorney, as set out on this form.*

### **Claim information:**

Name of Claimant(s) \_\_\_\_\_

Address of Claimant(s) \_\_\_\_\_

Phone number of Claimant(s) \_\_\_\_\_

Nature of claim (property damage, bodily injury, and the like) \_\_\_\_\_

\_\_\_\_\_

Date, time and place of event on which claim is based \_\_\_\_\_

\_\_\_\_\_

Explanation of accident or event on which claim is based \_\_\_\_\_

\_\_\_\_\_

Amount claimed (please attach supporting documentation, if possible) \_\_\_\_\_

Reason for alleged Town responsibility (optional) \_\_\_\_\_

### **If claim involves property damage, please provide the following insurance information:**

Name of Claimant's insurance company \_\_\_\_\_

Address of Claimant's insurance company \_\_\_\_\_

Claimant's insurance policy number \_\_\_\_\_

### **Claimant' signature:**

Signature of Claimant(s) \_\_\_\_\_

Date \_\_\_\_\_

# **TOWN OF BLACKSBURG, VIRGINIA**

## **Claim Form**

### **Instructions**

File this claim form within six (6) months after occurrence of event or facts on which claim is based with the Town Attorney's office:

Lawrence S. Spencer, Jr.  
Town Attorney  
Town of Blacksburg, Virginia  
300 South Main Street  
P.O. Box 90003  
Blacksburg, VA 24062-9003

If you mail the claim form, it is your responsibility to ensure that it is received by the Town before the expiration of the six (6) month period.